

## State of Maine Procurement Justification Form

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 submitted to the Division of Procurement Services.

INSTRUCTIONS: Please provide the requested information in the white spaces below. All responses (except signatures) must be typed; no hand-written forms will be accepted. See the guidance document posted with this form on the Division of Procurement Services website (Forms page) for additional instructions.

PART I: OVERVIEW				
Department Office/Division/Program:	DHHS/Maine CDC			
Department Contract Administrator or Grant Coordinator:	Chris Moiles			
(If applicable) Department Reference #:	CD0-21-54SA01			
Amount: (Contract/Amendment/Grant)	<b>\$ 5,815.50</b>	Advantage CT / RQS #:	Draft RQS 10A 20200602*1310	
<b>CONTRACT</b>	Proposed Start Date:	<b>10/01/2020</b>	Proposed End Date:	<b>6/30/2021</b>
<b>AMENDMENT</b>	Original Start Date:		Effective Date:	
	Previous End Date:		New End Date:	
<b>GRANT</b>	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:	<b>Molecular BioProducts</b> San Diego, CA			
Brief Description of Goods/Services/Grant:	Service Agreement for the calibration of pipettes in Clinical Microbiology laboratory			

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Mark an "X" before the justification(s) that applies to this request. (Check all that apply.)			
	A. Competitive Process		G. Grant
	B. Amendment		H. State Statute/Agency Directed
<b>X</b>	C. Single Source/Unique Vendor		I. Federal Agency Directed
	D. Proprietary/Copyright/Patents		J. Willing and Qualified
	E. Emergency		K. Client Choice
	F. University Cooperative Project	<b>X</b>	L. Other Authorization: COVID-19

PART III: SUPPLEMENTAL INFORMATION
Please respond to ALL of the following:
<b>1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.</b>

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## PART III: SUPPLEMENTAL INFORMATION

This is a one-year service agreement for the clinical microbiology pipettes to receive their annual calibration. This service ensures that the pipettes are in good working order and provides one (1) annual preventative maintenance visit (cost and labor).

The following agencies require that all pipettes receive annual servicing and calibration to demonstrate reliability and accuracy. They include; Clinical Laboratory Improvement Amendments (CLIA) certification, Select Agent, Laboratory Response Network (LRN), and Association of Public Health Laboratories (APHL).

### 2. Provide a brief justification for the selected vendor to supplement the response in Part II.

This is the only vendor that will make an on-site service call to HETL and complete the calibration and planned maintenance of the pipettes, without disrupting the testing that is taking place at HETL. (PM's require visual inspection of all pipette exteriors for damage, disassembly of all pipettes, clean and re-lubricate pistons, and inspect. Clean and re-lubricated O-rings and seals, and/or replace them as needed, reassemble pipettes and perform a leak test on all channels). All other vendors require pipettes to be sent to their facility, which would require testing at HETL to come to a complete stop, as HETL does not have any spare sets of pipettes at this time, to allow this to occur.

### 3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

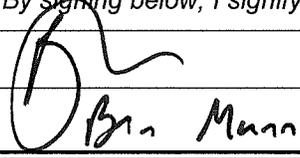
A \$5.00 discount per a pipette is given. (109 total)

*(85 Single Channel Pipettes; 11 Multi-channel Pipettes; 6 Multi Channel Pipettes; 7 Bottletop Dispensers)*

### 4. Describe the plan for future competition for the goods or services.

The department does not intend to RFP this service at this time.

## PART IV: APPROVALS

<b>Signature of requesting Department's Commissioner (or designee):</b>	<i>By signing below, I signify that I approve of this procurement request.</i>		
<b>Printed Name:</b>		<b>Date:</b>	<i>7/29/20</i>
<b>Signature of DAFS Procurement Official:</b>	<small>DocuSigned by:</small> <i>Justin Franzose</i>		
<b>Printed Name:</b>	<small>AEE9C7B3A8044E...</small> Justin Franzose	<b>Date:</b>	8/6/2020